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# News

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Next update: **6 April 2007**

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## Listeria contamination of sandwiches – an update

As previously reported [1], routine testing of a sandwich sampled from a vending machine in Kent revealed *Listeria monocytogenes* contamination. Further testing identified significant contamination (range 10 to 270 cfu/g) of other sandwiches produced by the same manufacturer and of the factory environment.

An outbreak control team was convened and the Food Standards Agency (FSA) informed. The factory immediately voluntarily ceased production, informed customers and withdrew all sandwiches from sale and distribution. A joint press release was issued by the FSA and the Health Protection Agency on 16 March [2,3].

The original list of customers posted on the FSA website was updated on 20 March with a list including only those who had received sandwiches in the at risk period (20 February to 13 March). The Health Protection Units (HPUs) involved were provided with a breakdown of all schools, hospitals and other businesses that had been supplied.

On 14 March, Kent HPU was informed of a case of listeria infection in an immunosuppressed individual. On 22 March the isolate was identified as subtype 1/2a: the isolate was of the same amplified fragment length polymorphism and pulsed field gel electrophoresis type as found at the sandwich factory. A food history was obtained by the local HPU. A potential vehicle of infection was a ham sandwich which was likely to have been produced by this manufacturer. On 22 March, a letter was sent to all GPs in London and South East alerting them of the risks to vulnerable groups.

The hospital reported that although the individual recovered from listeria infection, they died on 24 March due to complications of the original serious illness. Further information has been cascaded to clinicians caring for patients in vulnerable groups.

Two HPUs are gathering further information relating to the distribution of sandwiches to vulnerable groups in the two NHS trusts which received the largest number of sandwiches. The purpose of this exercise is to gather denominator information to inform risk assessments for future incidents.

Three further cases of listeria infection have been identified within the South East Region, but to date, none of these have been linked with the consumption of sandwiches from this manufacturer. None of these cases are associated with hospitals supplied by sandwiches from this manufacturer.

### References

1. HPA. Listeria contamination of sandwiches. *Health Protection Report* 2007; 1(12): news. Available at < <http://www.hpa.org.uk/hpr/archives/2007/hpr1207.pdf>>.
2. HPA. *Food Standards Agency and Health Protection Agency alerting consumers about sandwiches possibly contaminated with Listeria (Press release)*. London: HPA, 2007. Available at <[http://www.hpa.org.uk/hpa/news/articles/press\\_releases/2007/070316\\_listeria.htm](http://www.hpa.org.uk/hpa/news/articles/press_releases/2007/070316_listeria.htm)>.
3. Food Standards Agency. *Consumers alerted to possible listeria in sandwiches (Press release)*. London: FSA, March 2007. Available at <<http://www.food.gov.uk/news/newsarchive/2007/mar/listeria>>.

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## National launch of the renal pages on the HCAI data capture system

The national web-based system for monitoring MRSA bacteraemia in England has been developed to enable the collection of additional data about patients on dialysis who develop MRSA bacteraemia.

A group of renal clinicians under the leadership of the National Clinical Director for Kidney Care devised a specific set of data which the Health Protection Agency has incorporated into a new 'Renal Page' on the Healthcare-Associated Infections (HCAI) data capture system.

From 1 April 2007 Acute trusts entering data on patients with an MRSA bacteraemia who are in established renal failure will be asked to 'share' these records with the relevant renal unit. Every renal dialysis unit in England will be able to complete a dataset indicating the usual place that the patient is dialysed, the modality of dialysis and type of access, and whether an IV catheter has been used.

The HPA will be issuing users of the HCAI data capture system in Acute Trusts and Renal Units with guidance and supporting documentation before 1 April. Any queries should be sent to [mandatory.surveillance@hpa.org.uk](mailto:mandatory.surveillance@hpa.org.uk)

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## Renaming of State Veterinary Service

From 1 April 2007, the State Veterinary Service will be known as 'Animal Health'. This follows the merger with the Dairy Hygiene Inspectorate in 2006, and the merger with the Egg Marketing Inspectorate, and the Wildlife Licensing and Registration Service in April 2007 as a result of the independent review recommendations for the merger of delivery organisations in animal health. Contact details and office locations will remain unchanged.

# HIV/Sexually Transmitted Infections (STIs)

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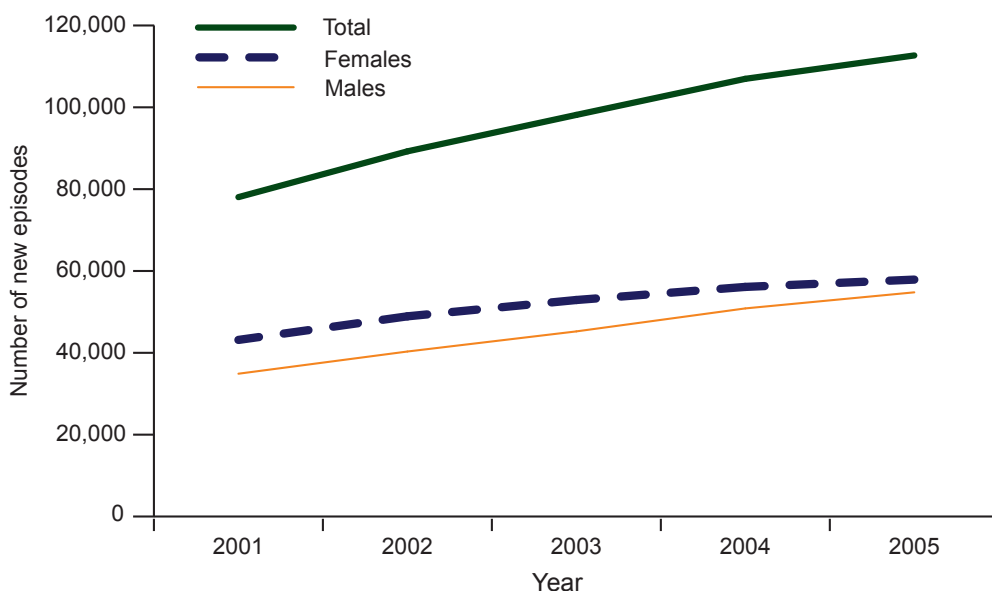
## Genital chlamydial infection the United Kingdom: 2001 to 2005

Genital chlamydial infection is the most common bacterial sexually transmitted infection (STI) diagnosed in genitourinary medicine (GUM) clinics in the United Kingdom (UK). It is caused by the organism *Chlamydia trachomatis*. Once diagnosed it can usually be successfully treated with antibiotics; azithromycin and doxycycline are the recommended treatments [1]. Chlamydia is often without symptoms, with approximately 70% of infected females and up to 50% of infected males thought to be asymptomatic [1]. Complications of chlamydia infection include pelvic inflammatory disease (PID), tubal damage (which can lead to infertility and ectopic pregnancy), chronic pelvic pain and sexually acquired reactive arthritis [1].

All GUM clinics in England and Wales have a statutory obligation to report data on diagnoses of STIs through the KC60 Statistical Return to the Centre for Infections Health Protection Agency in Colindale, London. This is combined with data collected by the Communicable Disease Surveillance Centre (CDSC) Wales, CDSC Northern Ireland and Information Services Division Scotland to create a UK dataset.

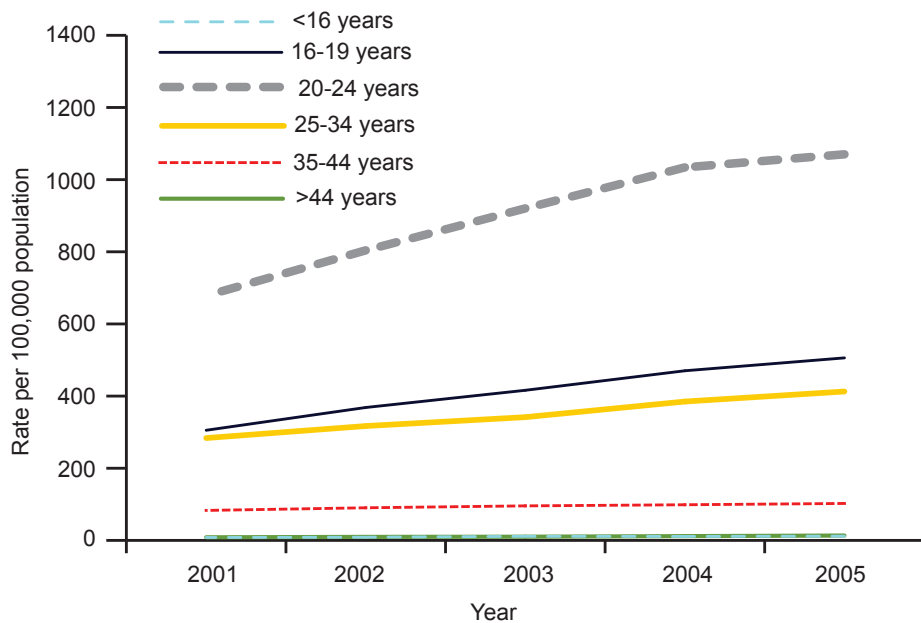
Marked increases in the number of uncomplicated chlamydia diagnoses have been observed since 1995. The number of diagnoses in GUM clinics in the UK continued to rise between 2004 and 2005 – cases rose by 5% from 104,733 to 109,958 (figure 1). This rise was highest among males, where there was a 7% increase between 2004 and 2005 (from 48,626 to 52,066), and in females there was a 3% increase (56,107 to 57,892). As in previous years, the highest rates were among males aged between 20 and 24 years (1070 per 100,000 population), and females aged 16 to 19 years (1359 per 100,000) (figure 2). In 2005 the highest rates were seen in London (282 per 100,000), Yorkshire and the Humber (222 per 100,000) and North West regions (213 per 100,000). This is also consistent with preceding years. In 2005 a similar pattern was seen across the regions in both males and females (figure 3), although in females a high rate was also observed in the East Midlands.

**Figure 1 Number of new episodes of uncomplicated genital chlamydial infection by sex, United Kingdom: 2001 to 2005**



**Figure 2 Rates of genital chlamydial infection by age group: 2001 to 2005**

**Males**



**Females**

